



APPLICATION FORM FOR CLEARANCE CERTIFICATE ON LIQUOR LICENSE

All fields marked with * are Mandatory

Please fill up the form using **BLOCK LETTERS**

Taxpayer Identification Number (TIN)* :

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Income Tax File Number
if any :

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Entity ID Type
(ROC/NIC/Passport Number) :

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Applicant Full Name *
(Company /Business Name) :

Address *

Contact Details *

Residence :

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 Office :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile :

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Email :

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I have furnished the following Returns:

Please mark the check boxes for selected Taxes where you have furnished the Return(s) and paid all Taxes in full for last Year of Assessment (YA)/ Current Year.

Tax Type	Year of Assessment / Calendar Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
NBT	<input style="width: 80%;" type="text"/> (e.g. :2014)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
VAT	<input style="width: 80%;" type="text"/> (e.g. :2014)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PAYE	<input style="width: 80%;" type="text"/> (e.g. :2014/2015)	<input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March	<input type="checkbox"/> Annual Declaration (April – March)		
IT	<input style="width: 80%;" type="text"/> (e.g. :2014/2015)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subsequent Quarterly Payments		
ESC	<input style="width: 80%;" type="text"/> (e.g. :2014/2015)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subsequent Quarterly Payments		

Tax outstanding for previous 3 years

Year of Assessment / Taxable Period	Tax Type	Assessment No.	Amount of Tax (Rs.)	Remarks

VAT paid for the last Taxable Period

Rs. **Declaration ***

I do hereby certify that the particulars furnished by me in this application are true and correct.

I understand that The Department of Inland Revenue reserves the right to request for original copy of the required supporting documents and any additional information for audit purpose.

Name : Designation : Contact No. : Email : Signature : Date : / /

Note - 1 : Separate Applications need to be submitted by each Business

Note - 2: The following supporting documents are required to be submitted together with the application to the Department. Any missing supporting document(s) will cause the delay in issuing the clearance.

Purchase Confirmation from Excise Department

Remarks (For official use only)